

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/260468		FILING DATE 3/2/99		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51			/	
2		/		/			52			/	
3		/					53		/	/	
4		/		/			54			/	
5		/		/			55			/	
6		/		/			56			/	
7		/		/			57			/	
8		/		/			58				
9		/		/			59				
10		/		/			60				
11		/		/			61				
12		/		/			62				
13		/		/			63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
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26		/		/			76				
27		/		/			77				
28		/		/			78				
29		/		/			79				
30		/		/			80				
31		/					81				
32		/		/			82				
33		/		/			83				
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35		/		/			85				
36		/		/			86				
37		/		/			87				
38		/		/			88				
39		/		/			89				
40		/		/			90				
41		/		/			91				
42		/		/			92				
43		/		/			93				
44		/		/			94				
45		/		/			95				
46	/						96				
47		/		/			97				
48		/		/			98				
49		/		/			99				
50		/		/			100				
TOTAL IND.	2		3				TOTAL IND.				
TOTAL DEP.	48		51				TOTAL DEP.				
TOTAL CLAIMS	50		54				TOTAL CLAIMS				